

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

FILED - USDC-NH
2021 MAR 30 AM 11:45JOSEPHINE AMATUCCI

Plaintiff/Petitioner

Civil Action No. NEWROBERT VARNEY, STEVEN M. AULLIFFE

Defendant/Respondent

MCCAFFERTYAPPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Josephine Amatucci

Date:

3/29/2021

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$	\$	\$
Self-employment	\$ <u>N/A</u>	\$	\$	\$
Income from real property (such as rental income)	\$ <u>N/A</u>	\$	\$ <u>350.</u>	\$
Interest and dividends	\$ <u>N/A</u>	\$	\$	\$
Gifts	\$ <u>N/A</u>	\$	\$	\$
Alimony	\$ <u>N/A</u>	\$	\$	\$
Child support	\$ <u>N/A</u>	\$	\$	\$

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Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
/	/	/	\$
/	/	/	\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
/	/	/	\$
/	/	/	\$
/	/	/	\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
/	/	\$	\$
/	/	\$	\$
/	/	\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ UNKNOWN
Other real estate (Value)	\$ NONE
Motor vehicle #1 (Value)	\$ UNKNOWN
Make and year: 2012 NISSAN VERSA	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
/	\$ /	\$ /
/	\$ /	\$ /
/	\$ /	\$ /

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
/	/	/
/	/	/
/	/	/

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
<i>See Attached</i>		
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ /	\$ /
Other (specify):	\$ /	\$ /
Total monthly expenses:	\$ 0.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

See Attached

12. Identify the city and state of your legal residence.

Welfordboro, N.H.

Your daytime phone number: *603-569-2429*

Your age: *82* Your years of schooling: *3 Years College*

1511.00
1350.00
Social Security
only Social Security

TOTAL 2084.66

TOTAL INCOME

1511.00

At end of month I borrow the balance from my church. And it goes on and on.

I have to advise the court that I do not make it financially at the end of the month and I go to my local church and borrow money until I get my social security.

Josephine Gonzalez

Champion Motel

50.00

12. Clothing

100.00

11. Gas for car

200.00

10. Food

50.00

9. Electric (Home)

500.00

8. Lawrence Sumsit (Bankruptcy)

278.83

7. Santander (Car Payment)

250.00

6. Fuel (heating)

184.63

5. Metrolast

32.60

4. PRESCRIPTION DRUG

181.11

AND CAR INSURANCE

3. LIBERTY MUTUAL HOUSE INSURANCE

124.50

2. AAR-UNITED HEALTH INSURANCE

32.00

1. DENTAL

MONTHLY

BILLS

1511.00
1350.00
Social Security
1310.00

INCOME

YOUR NEW BENEFIT AMOUNT

BENEFICIARY'S NAME: JOSEPHINE S AMATUCCI

Your Social Security benefit will increase by **1.3%** in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,694.50
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$148.50
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	\$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about December 31, 2020.	\$1,546.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at ***www.godirect.org*** or call their Electronic Payment Solution Center at **1-800-333-1795**. If outside the United States, please call **1-214-254-3113**.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit ***www.ssa.gov/benefits/disability/appeal.html*** online.

AAEP

**Payment
Coupon**

Membership Number
314676183-1

Payment is due on or
before the due date.

Due Date
01-01-2015

Amount Due
\$174.50

Insured Member 1

JOSEPHINE S AMATUCCI

Member 1 Coverages

B

Insured Member 2

Member 2 Coverages

31467618311745001011509141465 2

If you make a payment of
\$2070.00 by January 31 for
the full year, you'll save
\$24! Call if you have any
questions: 1-800-823-8600.

PO BOX 660291
DALLAS TX 75266-0291



PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO UNITEDHEALTHCARE INSURANCE COMPANY.
PLEASE DO NOT FOLD, STAPLE, OR TAPES COUPON AND CHECK WITH YOUR RETURN.
PLEASE USE THE ENVELOPE PROVIDED TO RETURN COUPON AND PAYMENT.

000051

LIBERTY MUTUAL INSURANCE
1 LIBERTY SQ
MISHAWAKA IN 46544

Please do not send payments to the address above



JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 038960272

NOHC
Dec. 2017
LAST NOV 9 - 181.11
219.45
NO PAYMENTS
106.64

Josephine, thank you for being our valued customer since 2017!

THIS IS YOUR INSURANCE BILL FOR ACCOUNT FCL0025092117A AS OF NOV. 14, 2017

ACCOUNT SUMMARY		AMOUNT
10/18/17	Previous Account Balance	\$385.58
	Payments Received	-181.11
	Installment Charge	\$5.00
11/14/17	Current Account Balance	\$219.45



Questions Regarding Your Bill?

1-800-226-8286

Need to Report a Claim?

1-800-2CLAIMS (1-800-226-2487)

BILLING DETAILS		FREQUENCY	POLICY BALANCE	AMOUNT DUE
Home Policy	H37-218-117400-70 (05/07/17 - 05/07/18)	Monthly	\$219.45	\$58.61
350 GOVERNOR WENTWORTH HWY				

Please Pay Total Amount Due by Dec. 04, 2017

\$58.61

006262

LIBERTY MUTUAL INSURANCE
P.O. BOX 6829
SCRANTON, PA 18505



PLEASE READ: Payments or documents sent to the address above will not be processed

JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

Your Bill is Past Due.

We have not received your payment as of 04/06/2020. Please pay total amount due to avoid possible interruption to your coverage.

Josephine, thank you for being our valued customer since 2017!

THIS IS YOUR HOME INSURANCE BILL AS OF APRIL 06, 2020

INSURANCE INFORMATION

Policy Number:	H37-218-117400-70
Policy Period:	May 07, 2019 - May 07, 2020
Bill Frequency:	Monthly
Property Insured:	350 GOVERNOR WENTWORTH HWY WOLFEBORO, NH 03894-4635

BILLING DETAILS

Previous Policy Balance	\$123.27
Payment Activity	
Payments Received	\$0.00
Installment Charge	\$5.00
Policy Balance	\$128.27
Past Due Amount	\$123.27
Installment Charge	\$5.00

Please Pay Total Amount Due by April 26, 2020 **\$128.27**

QUESTIONS

Questions Regarding
Your Policy or Bill?

1-800-225-8285

Want to Pay Online?
LibertyMutual.com/service

Need to Report a Claim?
1-800-2CLAIMS (1-800-225-2467)

Mail Check to:
Liberty Mutual Group
PO BOX 1452
New York, NY 10116-1452

Save Time & Money
Eliminate installment charges by
paying your balance in full.



PAYMENT COUPON

Please send all payments in the envelope provided.
Please make check payable to: Liberty Mutual Group



Save time and money by signing up for automatic payments via
your bank account at: LibertyMutual.com/autopay
Or pay your bill online at: LibertyMutual.com/pay

Lost your envelope? Mail check to:

Liberty Mutual Group
PO BOX 1452
New York, NY 10116-1452

JOSEPHINE AMATUCCI

Due Date: April 26, 2020

Policy Number: H37-218-117400-70

Invoice Number: 00000285724331

OR	PAY POLICY IN FULL: \$128.27
	PAY AMOUNT DUE: \$128.27

Amount Enclosed:

\$

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 ,

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 .

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Make check payable & mail to:
The Hartford

Amount Enclosed \$ _____

Payment Due Date	10/13/20
Current Balance	Minimum Due
\$615.92	\$106.82

The Hartford
P O Box 660912
Dallas, TX 75266-0912



AMATUCCI JOSEPHINE
P O BOX 272
WOLFEBORO FALLS, NH 03896

[illegible]

31374994 09/23/20 28 03896 90408189 NV5010UD

Hot Springs, AR 71903-3367

Action Required

125PARTID, BILLINGINCOLOF0001005-08604-01

JOSEPHINE S AMATUCCI

PO BOX 272

WOLFEBORO FALLS NH 03896-0272



Questions?

We're here to help.

Toll-Free 1-866-460-8854, TTY 711

8 a.m. - 8 p.m. local time, 7 days a week

Your June 2018 statement.

Member ID:	0173542561
Previous balance	\$ 79.60
Payments received	\$ 0.00
Current charges	\$ 39.80

Total due	\$119.40
Due in full by	June 1, 2018

See details about your current charges on the back of this page.

You have a past due balance.

Please call Customer Service to pay your past due balance today. If we don't receive payment soon, you may be disenrolled from the plan.

About your payment.

Your payment can take up to 10 days to post to your account. If we received it after May 4, 2018, you'll see it on your next statement.

**It's easy to set up ,
automatic payments.**

Use the form on the next page to sign up for Electronic Funds Transfer (EFT) and have your monthly payments automatically deducted from your bank account.

or

Call Customer Service to have your monthly payments automatically deducted from your Social Security or Railroad Retirement board check.

or

Call Customer Service to have your monthly payments automatically charged to your credit card.

You can stop automatic deductions at anytime — keeping you in control of your money.*



Access your account online.

Make a payment, view claims and plan details. Sign up to get plan information delivered online.

www.MyAARPMedicare.com

MRAMR1503BG

MetroCast™

METROCAST CABLEVISION
 9 APPLE RD BELMONT NH 03220-3251
 888 1800 WM RP 66 11072017 NNNNNYNN 01 009176 0029
 JOSEPHINE AMATUCCI
 PO BOX 272
 WOLFEBORO FALLS NH 03896-0272

**Statement of Service**

Page 1 of 3

Billing Date: November 6, 2017
 Account Number: 8282 16 019 0036339

How to reach us

Office hrs M-F 8:00am-5:00pm
 Sat 8am-4:30pm www.MetroCast.com
 Phone hrs 24/7 1-800-852-1001

For Service At...

350 GOVERNOR WENTWORTH HWY
 WOLFEBORO NH 03894-4635

Account Summary

Your account is past due. Please remit the total balance due immediately to avoid a \$25.00 collection effort charge or disconnection of service. If payment was made after the remittance date, please disregard this message. Thank you.

Please see reverse side for account details.

Previous Balance	\$ 364.79
Payment(s)	-189.69
Monthly Charge(s)	167.91
Other Charge(s)	6.00
Taxes & Fee(s)	6.85
Balance Due	\$ 362.95
Payment Due Date	Upon Receipt



Cardinal & Glidden Oil Co., Inc.

P.O. Box 625

Farmington, NH 03835

(603) 755-3562

Fax (603) 755-3530

info@cardinalglidden.com

Chris Glidden

Owner

A
Family
owned and
operated
company for
over 50
years!

JOSEPHINE AMATUCCI

DATE 3/25/2021

ACCT. # 884900001

PAYMT. RECEIVED \$231.64

IMPORTANT

**BUDGET
PLANS**

This is a memo
invoice. Please
continue your
regular
payments

**PREPAY
ACCOUNTS**

This
receipt/invoice
is for your
records only

**C.O.D. &
BILLABLE**

Discounts are
included in the
ticket pricing



NOT FULL

PLEASE PAY THIS AMOUNT ▲ ▲

- THIS IS YOUR ONLY INVOICE -

PLEASE REMIT YOUR PAYMENT
UPON RECEIPT OF THIS DELIVERY

AMOUNT

RECEIVED \$

☐ CASH

☐ CHECK

CUSTOMER

SIGNATURE X

IMPORTANT SAFETY INFORMATION ON BACK



Santander
CONSUMER USA

183143



JOSEPHINE AMATUCCI
350 GOVERNOR WENTWORTH HWY POB 272
WOLFEBORO FALLS, NH 03896



10 DAYS PAST DUE

ACCOUNT INFORMATION

Account Number 4628746
Account Status Current
Statement Date 10/20/2014
Payment Due Date 11/08/2014
Payment Amount \$278.83
Payments Made 0
Maturity Date 10/08/2020
Past Due Amount \$0.00
Principal \$14,993.00
Accrued Interest \$225.69
Unpaid Fees & Charges \$.00
Estimated Payoff* \$15,218.69

10/20/14

TOTAL AMOUNT DUE

\$278.83

By
11/08/2014

*Balance including principal, accrued interest, and
unpaid fees and charges as of the Statement Date.

ACCOUNT ALERTS & IMPORTANT MESSAGES

LAWRENCE P. SUMSKI
CHAPTER 13 BANKRUPTCY TRUSTEE
1000 Elm Street, Suite 1002
Manchester, NH 03101

April 4, 2016

Josephine Amalucci
POB 272
Wolboro Falls, NH 03886

RE: Chapter 13 #15-11858-BAH

Dear Ms. Amalucci:

We do not process Plan payments at our office. Checks need to be sent to our Lock Box in Memphis, Tennessee. I am therefore returning your check #23582063318 in the amount of \$289.00 dated April 2, 2016.

Please send all Plan payments to the following address:

Lawrence P. Sumski
Chapter 13 Trustee
PO Box 839
Memphis, TN 38101-0839

PLEASE include your case number!

The address for correspondence only is:

Lawrence P. Sumski
Chapter 13 Trustee
1000 Elm Street, Suite 1002
Manchester, NH 03101

Please call if you have any question regarding this.

Yours truly,

/s/ Lawrence P. Sumski

Lawrence P. Sumski

LPS:lc

Telephone: (603) 626-2289
E-Mail Address: SumskiLPS@gmail.com

Handwritten - Perkins
Dear Judge Nowacko
469-549-3142
KAREN

CALL her

TAXES

OFFICE OF THE TAX COLLECTOR
TOWN HALL BUILDING 84 SOUTH MAIN STREET
PO BOX 629
WOLFEBORO, NH 03894-0629

Office Hours: Monday-Friday 8am-4pm Telephone: (603) 569-3902
E-mail - taxcollector@wolfeboronh.us

February 19, 2021

AMATUCCI, JOSEPHINE

PO BOX 272

WOLFEBORO FALLS NH 03896-0272

NOTICE OF TAX ARREARAGE

2020 TAX RECORDS INDICATE THE FOLLOWING TAX ACCOUNT IS UNPAID

PROPERTY TAX ACCOUNT # 10-3996.701

PROPERTY ID# 151--21

350 GOV WENTWORTH HWY

AMOUNT DUE: \$ 1108.00

Interest 8% per annum as of due dates 07/10/20 and 1/13/21

The tax amount due together with interest must be paid in full and received by the tax office no later than March 15, 2021 to prevent additional costs associated with notice of impending tax lien.

Amounts do not include up-to-date interest and or cost computation. Please contact the tax office at (603) 569-3902 prior to making payment.



Brenda L. LaPointe, Certified Tax Collector

*Town of
Wolfeboro*

MUNICIPAL ELECTRIC DEPARTMENT
84 SOUTH MAIN STREET
P.O. BOX 777
WOLFEBORO, NH 03894-0777
603-569-8150
603-569-8183

BILLING DATE	01/28/21	ACCOUNT NUMBER
DUE DATE	02/24/21	09-0449.002
TOTAL AMOUNT DUE		\$17,876.46

AMOUNT REMITTED \$ _____
Service Address: 350 GOV WENTWORTH HWY

IF YOU HAVE AN ADDRESS CHANGE, PLEASE FILL OUT REVERSE SIDE AND CHECK BOX HERE. ☐
Please return this portion with your payment and make checks payable to:

561 1 AV 0.398 E0238X I0256 D7137571278 S2 P7999964 0001:0001



JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

Town of Wolfeboro
P.O. Box 777
Wolfeboro, NH 03894-0777

MUNICIPAL ELECTRIC DEPARTMENT 84 SOUTH MAIN STREET P.O. BOX 777 WOLFEBORO, NH 03894-0777 603-569-8150 603-569-8183	ACCT NO.	09-0449.002	PROPERTY OWNER	JOSEPHINE AMATUCCI
	NEXT READ	02/22/21	SERVICE LOCATION	350 GOV WENTWORTH HWY
	BILLING DATE	01/28/21	RATE	DOMESTIC ALL YR DA

METER NUMBER(S)	PREVIOUS			PRESENT			MULTI.	TOTAL KWH USED
	DATE	READING	READ CODE	DATE	READING	READ CODE		
83264815	12/21/20	62685	AMR	01/25/21	65427	AMR	1	2742

PREVIOUS BALANCE	\$17,543.61
PAYMENTS AS OF 1/28/21	\$50.00 CR
BALANCE FORWARD	\$17,493.61
CUSTOMER CHARGE	\$5.55
DISTRIBUTION 2742 KWH @ .035200	\$96.52
GENERATION 2742 KWH @ .102400	\$280.78
TOTAL AMOUNT DUE	\$17,876.46

KWH USAGE COMPARISON

CURRENT	IN	35 DAYS YOU USED	2742 KWH OR	78.34 KWH PER DAY.
LAST MONTH	IN	0 DAYS YOU USED	0 KWH OR	0.00 KWH PER DAY.
PREVIOUS YR.	IN	35 DAYS YOU USED	2664 KWH OR	76.11 KWH PER DAY.

* THIS IS A REMINDER THAT YOUR ACCOUNT IS PAST DUE! *

TOTAL ELECTRIC CHARGES DUE BY 02/24/21 \$17,876.46

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION